



ENTRON SECURITY SERVICES

Daily Security Report

| | | | | | | | | | | |
|---|-------------|--------------------------|--|------------|----------|-----------------------------------|---|--------------|---|--------------------|
| Client No. 2036 | | Client Name OH MATERIALS | | | | Location 1004 OSWEGO ST. UTICA NY | | Date 7/11/87 | | |
| Facility Equipment | Detox Clock | Weapon No. | Holster | Nightstick | Raincoat | Flashlight | Other | | | |
| N/A | N/A | N/A | N/A | N/A | IV | IV | TWO GATE KEYS, LOG BOOK, RADIO | | | |
| Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports. | | | Officer—Day Shift (Name) Kenneth Felix | | | | Officer—Swing Shift (Name) GEORGE, JOHN D | | Officer—Grave Shift (Name) CHARLES KOSS | |
| Shift | | | Shift | | | | Shift | | | |
| Began 8:00 AM | | | Ended 4:00 PM | | | | Began 4:00 AM | | | Ended 12:00 PM |
| Observations or actions taken | | | Yes No Explanation | | | | Yes No Explanation | | | Yes No Explanation |
| Rounds or stations missed | | | | | | | | | | |
| Unlocked doors, gates or windows | | | | | | | | | | |
| Unlocked vaults or safes | | | | | | | | | | |
| Fire-smoke-or hazards | | | | | | | | | | |
| 1. Extinguishers missing or defective | | | | | | | | | | |
| 2. Sprinkler system defective | | | | | | | | | | |
| 3. Fire doors or exits blocked | | | | | | | | | | |
| 4. Rubbish accumulation | | | | | | | | | | |
| 5. Motors running | | | | | | | | | | |
| 6. Lights left burning | | | | | | | | | | |
| Injury hazards | | | | | | | | | | |
| Visitors 1045 Ellen & Paul Miller OHM on site. | | | | | | | TURNED ON NITE LITE 2100 | | | light off 6 AM. |
| Trespassing 1055 " " | | | | | | | CPT MILLER | | | |
| Violation of company rules | | | | | | | | | | |

Remarks (1205 - night OHM on site) 1217 night OHM off site / CPT MILLER ON SITE 2250, 2300 OFF SITE

IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.

| | | | | | | | | | | | | |
|--|------------|---------------|--------|--------|-------------|----------------|--------|--------|-------------|--------------|--------|--------|
| 1. Were you injured during this tour? | Day Shift | 1. | 2. | 3. | Swing Shift | 1. | 2. | 3. | Grave Shift | 1. | 2. | 3. |
| Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| 2. Did you suffer any illness? | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| 3. Have you reported all accidents coming to your attention? | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| Michael M. Miller et. 10:50P | Signatures | 1. | 2. | 3. | Signatures | 1. | 2. | 3. | Signatures | 1. | 2. | 3. |
| | | Kenneth Felix | | | | John D. George | | | | Charles Koss | | |

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